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PROGRAMME DEVELOPMENT IN THE MIDDLE EAST AND NORTH AFRICA

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the Middle East and North Africa region during 1991.

The UNICEF Regional Office has responsibility for UNICEF cooperation in the following countries and territories: Algeria, Bahrain, Cyprus, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen, as well as the West Bank and Gaza.

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I. PROGRAMME HIGHLIGHTS

A. Follow-up to the World Summit for Children

1. Meeting the goals of the 1990 World Summit for Children became a very serious challenge in the Middle East and North Africa region in 1991. No other region had reduced child mortality so rapidly during the preceding decade. The region as a whole met the universal child immunization (UCI) target of 80 per cent. Yet, despite this progress and an overall image of wealth, the region includes countries with intolerably high infant mortality rates; the gender gap between male and female literacy is the highest in the world; and female fertility rates also rank highest.

2. Preparations of national programmes of action are well under way in nine countries - Djibouti, Egypt, the Islamic Republic of Iran, Jordan, Morocco, the Sudan, the Syrian Arab Republic, Tunisia and Yemen. The majority of Middle East and North African countries are relying on existing intersectoral institutions that have already been strong allies, working with each other as well as with UNICEF and other United Nations agencies to put the needs of children first. The driving force behind many of these partnerships began with the acceleration of immunization and then broadened to encompass a much larger range of cooperating institutions, all working to give children priority in national agendas.

3. A regionwide, coordinated strategy to assist Governments to monitor the goals of the 1990s expanded slowly in 1991, implementing a variety of new systems. The situation between Iraq and Kuwait produced on average a six-month hiatus in progress. In some countries where a national system was already well advanced before the conflict, Iraq and Kuwait in particular, there was total, if perhaps temporary, collapse. In others, such as Egypt, Jordan, Morocco and Yemen, monitoring mechanisms and activities accelerated once again in the latter part of 1991. The Government of Tunisia, however, held a steady course towards a fully developed national monitoring system that is well integrated with the national programme of action.

B. Emergencies

4. The Sudan emergency programme continued to operate from two bases, one in Khartoum and the other in Nairobi/Lokichokio. In 1991, with the widespread drought emergency in the Sudan threatening to overshadow all previous relief activities of Operation Lifeline Sudan, UNICEF successfully advocated maintaining a balance of relief allocations between the northern and southern regions of the country. UNICEF emergency contributions in the Middle East and North Africa region stood at $23 million for Iraq, $4 million for Jordan, $20 million for the Sudan and $2.3 million for Turkey. Collectively, the region accounted for over 60 per cent of all UNICEF emergency contributions for 1991.

C. Health policies and strategies

5. The situation between Iraq and Kuwait affected the delivery of immunization services, especially in those countries nearest to the centre of the conflict. UNICEF gave priority to restoring or maintaining immunization of infants in the areas most disrupted by the conflict (Iraq, the Islamic Republic of Iran, Jordan, Kuwait and Turkey). Despite major efforts in Iraq, the cold-chain and reporting systems, among the region's best before the crisis, are still not functioning adequately.

6. In some Middle East and North African countries, the infrastructure of the expanded programme on immunization (EPI) was already strong enough to ensure sustainability. In others, especially Morocco, the Sudan and Yemen, 1991 saw closer integration of EPI with primary health care (PHC) services, extending the lessons learned from EPI to maternal and child health (MCH) services in general. The regional office developed a prototype for a vaccine revolving fund that will permit countries with shortages in hard currency to take over the purchase of their own vaccines from the Supply Division warehouse. Morocco is the first country to complete all the steps necessary for vaccine independence, setting the pace, as Governments take on more responsibility for funding as well as managing EPI activities.

7. In 1991, progress in the control of diarrhoeal diseases (CDD) was uneven. Diarrhoea is now the region's second major killer of children after acute respiratory infections (ARI). Those countries that had logged major improvements in the 1980s, such as Egypt and the Islamic Republic of Iran, continued to do so. Others are initiating government policies that support effective programme implementation. In some countries, such as Morocco, where the programmes have been weak, a reinforced PHC strategy is aimed at infusing the CDD programme with the operational strengths achieved in EPI.

8. Strong momentum was achieved in the region during 1991 in the control of ARI. About one third of the Middle East and North African countries, including Egypt, the Islamic Republic of Iran, Jordan, the Syrian Arab Republic and Turkey, now have operational ARI programmes, and preparatory steps are being taken in the remaining countries. Despite the high percentage of deaths from ARI among infants and children, establishing ARI programmes has been easier than expected because of the number of hospital admissions and outpatients reported, the effectiveness and low cost of standardized treatment and the feasibility of training auxiliary and paramedical staff to diagnose and treat the illnesses.

9. Setting goals for the 1990s towards the elimination and reduction of micronutrient diseases, especially during pregnancy, has triggered action in these areas in all countries in the region. The prevalence of iodine deficiency disorders (IDD) has been mapped geographically in the Islamic Republic of Iran, Morocco, the Sudan and the Syrian Arab Republic. The UNICEF office in the Syrian Arab Republic completed an assessment of the extent of IDD in children; it revealed high prevalence, 35 to 65 per cent in several districts. Programmes for the production of iodized salt are under way. In

the Islamic Republic of Iran, the IDD programme entered its second year of operation. During this period, the number of factories producing iodized salt increased from 1 to 15, and more factories have applied for iodized salt manufacturing licences. UNICEF has provided technical support for iodization of salt, the injection of iodized oil in vulnerable groups of women and children and health education and research.

D. Safe motherhood initiative

10. Many countries in the region have unacceptably high maternal mortality, close to the worst found in sub-Saharan Africa and inconsistent with the region's successes in reducing child mortality. The maternal mortality rate ranges from 40 per 100,000 live births in Bahrain and Saudi Arabia to 660 and 750 per 100,000 in the Sudan and Djibouti. Middle-income countries, such as Morocco, fall close to the higher end of this range.

11. In 1991, many countries began to give serious consideration to anaemia during pregnancy. It is being treated as part of the prenatal care activities of the safe motherhood initiative. Haemoglobin assessment and provision of iron and folate tablets to all pregnant women are becoming standard procedures wherever prenatal care is provided. However, in-depth studies on the root causes of such high prevalence of anaemia are needed. The Regional Office conducted a training workshop in safe motherhood to accelerate effective country action.

E. "Baby-friendly" hospital initiative

12. Several Middle East and North African countries have made a commitment to initiate and promote breast-feeding and "baby-friendly" hospitals in their own countries. The Governments of Egypt, the Islamic Republic of Iran and Turkey are now leading the way in the initiative, and innovative projects are appearing rapidly in such other countries as Lebanon, the Sudan, the Syrian Arab Republic and Tunisia. The Government of Turkey is committed to attaining the operational targets of the Innocenti Declaration on breast-feeding by the end of 1992. In the Islamic Republic of Iran, a new international centre is expected to provide national and regional training of workers in the field of breast-feeding. The Islamic Republic of Iran, Lebanon and Turkey have moved forcefully to ban baby formula commercials, and many others, among them Egypt, the Syrian Arab Republic and the Sudan, are following suit. Community work on breast-feeding is being incorporated with MCH, nutrition and PHC, especially in countries where hospital delivery is not the predominant practice.

F. The girl-child

13. All UNICEF offices in the region have made reduction in the disparity between the sexes, especially with regard to opportunities for girls, an overarching strategy for the 1990s. Throughout the region, girls, as well as women, are consistently excluded from realizing their full potential, with the

education sector showing the most telling neglect. Sensitive areas are now being examined. In Djibouti and the Sudan, attitudes towards female circumcision are being studied. In Oman, efforts to raise the age at marriage have made progress.

14. In May, the UNICEF office in Morocco, in collaboration with Moroccan non-governmental organizations (NGOs) and the Governments of the Maghreb Arab Union, organized a conference on "The Girl-Child Too" ("La Jeune Fille Aussi"). Participants from Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia addressed the entire range of problems facing girls, from educational neglect to child prostitution. Papers from distinguished government leaders, influential heads of NGOs and academics were presented. The Libyan Arab Jamahiriya will host the next meeting in 1992 to gauge progress in the countries of the Union.

G. Education policies and strategies

15. UNICEF has supported psycho-social counselling activities for conflict-traumatized children in Kuwait and has initiated similar activities in Iraq and Jordan. In post-civil war Lebanon, the UNICEF Education for Peace programme has continued to expand dramatically, training over 5,000 young people as community leaders and involving over 80,000 children in summer camps and other educational activities. These efforts bring together children from all sectors to learn to live with others in a climate of tolerance, understanding and peace.

16. The adaptation and integration of Facts for Life messages into school curricula and non-formal education continued to proceed rapidly, with national versions appearing in the Sudan, the Syrian Arab Republic and Turkey, among other countries. Facts for Life messages are being incorporated into education activities in almost all countries of the region, into school manuals (e.g., in Tunisia) and in innovative ways, as in hand-pump manuals used by some 10,000 members of health committees in Kordofan (Sudan).

H. Children in especially difficult circumstances

17. Ratification of the Convention on the Rights of the Child is progressing slowly in the region. Only Bahrain, Djibouti, Egypt, Jordan, Lebanon, the Sudan and Yemen had ratified the Convention at the time the present report was prepared. In seven other countries the process is well advanced and promises ratification within months. Six countries, however, have shown little progress: Iraq, the Libyan Arab Jamahiriya, Oman, Qatar, Saudi Arabia and the United Arab Emirates. More promising, however, is the marked increase in NGOs and alliances across the region that are working to protect children, as part of a larger regional dynamic of national movements for participatory democracy.

18. Before 1991, those children who were direct victims of armed conflict in the region lived in areas of persistent, unsolved civil war and

confrontation: Lebanon, the Sudan and the West Bank and Gaza. However, in 1991, the number of children directly affected grew dramatically. During that year, some 21 million children under the age of 15 years were exposed to armed and ethnic conflict in Iraq, the Islamic Republic of Iran, Jordan, Kuwait, the Syrian Arab Republic and the West Bank and Gaza. UNICEF is initiating a new programme of both regional and country-level action to help children to cope effectively with psychological stress, promote values of peace and conflict-resolution among children and strengthen the family and community in order to protect children.

I. UNICEF participation in United Nations operational activities

19. The dominant factor in UNICEF relations with other United Nations agencies over the last 12 months has been the situation between Iraq and Kuwait. In Iraq, Jordan, the Syrian Arab Republic and Turkey, UNICEF collaborated closely with other agencies in emergency operations within the overall coordinating framework of the Office of the United Nations Disaster Relief Coordinator (UNDRO) and the United Nations Development Programme (UNDP). In all countries, UNICEF acted as lead agency in the provision of water supply and sanitation facilities in camps. Other responsibilities varied from country to country. For example, in Jordan, UNICEF played a major role in the provision of drugs and medical supplies, with the technical cooperation of the World Health Organization (WHO), and in camp design, organization and management, cooperating with the Office of the United Nations High Commissioner for Refugees (UNHCR) and international and local NGOs. These emergency efforts were characterized by regular inter-agency coordination meetings and collaborative actions. The joint WHO/United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF action-oriented school health programme in Bahrain, Egypt, Morocco and the Sudan has been adversely affected by the situation.

20. Close cooperation with WHO in information-sharing and planning remained strong in the region. UNICEF and WHO jointly organized and funded the EPI intercountry meeting for their combined Middle East and North Africa and Eastern Mediterranean regions, where the review and strategy papers on UCI 1990 were presented jointly by UNICEF and WHO. WHO and UNICEF also cooperated throughout the region in workshops to strengthen national disease surveillance operations. These workshops in poliomyelitis, neonatal tetanus and measles surveillance took place in Bahrain (for participants from Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates), Egypt, Jordan, Morocco (for participants from Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia) and in the Syrian Arab Republic.

J. Future outlook

21. The past year's experience has demonstrated the need to revitalize the PHC approach as part of the broader effort to improve the condition of vulnerable families. Priority will be placed on promoting and supporting a mix of PHC activities in selected areas with high mortality rates. Activities

aimed at reducing the number of cases of measles, neonatal tetanus, pneumonia and severe diarrhoeal dehydration will receive highest priority. Safe motherhood will also receive high priority, with more attention to family planning, especially birth-spacing. Providing knowledge about child care and protection to families through Facts for Life messages will be a thread running through the fabric of this PHC strategy.

22. As part of the effort to sharpen the UNICEF focus, female education, especially for girls, and literacy for young women will be placed at the top of the action agenda. Education will address the growing desire among many countries to reduce their exceptionally high fertility rates. Expanding basic knowledge and life skills will concentrate on birth-spacing, improved health during pregnancy, successful breast-feeding and early stimulation and development of young children. Promotion of increased enrolment of girls in primary schools will be part of this new thrust in female education.

23. With conflict and conditions of civil unrest prominent in the region, the needs of children in especially difficult circumstances will take on more strategic importance. In the short term UNICEF will give priority attention to families directly affected by war. Psycho-social rehabilitation and education for peace will be vital components of this thrust. In the medium term, priority will be given to working children and the disabled.

II. COOPERATION WITH REGIONAL PARTNERS

24. The Pan-Arab Child Project, with the support of UNICEF, the League of Arab States (LAS), the United Nations Population Fund (UNFPA) and the Arab Council for Childhood and Development (ACCD), made substantial progress in 1991, completing surveys in both Egypt and Yemen and planning surveys in Algeria and the Syrian Arab Republic. ACCD has also played an influential role as a non-governmental ally, advocating the rights of the girl-child and disparity reduction through dissemination of The Arab Child, published with the support of the UNICEF regional office.

25. At the international level, UNICEF continues to cooperate with the Gulf Cooperation Council (GCC) and the Maghreb Arab Union. GCC, comprising Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, took strides to assess the situation of the girl-child, especially on issues of health and social welfare. The Maghreb Arab Union provided a critical thrust to immunization efforts in Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia; follow-up includes networking of technical support and use of the media. The Union also organized a conference on the girl-child that led to a commitment to continuing, shared action.

III. MONITORING AND EVALUATION

26. Monitoring and evaluation increased dramatically in response to the situation between Iraq and Kuwait, to new socio-political dynamics in the region and to the challenges of the World Summit for Children Declaration and Plan of Action. 1991 also marked a major shift from the region's previous concentration on monitoring and evaluating EPI programmes to a variety of emergency measurement procedures and a regionwide emphasis on obtaining sound baseline data and building information retrieval systems for monitoring Summit goals.

27. Efforts to strengthen further the EPI monitoring systems with improved disease surveillance, established in the 1980s, are still in their infancy and not growing rapidly enough to meet the demand. UNICEF collaborated with WHO in a series of activities to strengthen disease surveillance systems, especially in Egypt, North Africa and the Eastern Mediterranean. Nevertheless, the regional offices of both UNICEF and WHO noted a weakening in even routine reporting systems in a number of countries. Capturing the vitality of UCI 1990 to expand upon EPI in health monitoring systems is of the highest priority.

28. Many countries in the region used surveys and evaluations to improve programme performance and delivery. Surveys were done, for example, to identify the reasons why girls drop out of school; weaknesses in the immunization cold chain; breast-feeding practices; and positive indigenous child-bearing practices. Assessments were also conducted to target resources more effectively in underserved areas and in neglected groups. Evaluation activities contributed substantially to efforts to reach UCI 1990, especially in identifying areas or districts within countries that require special attention and specific weaknesses in routine health care delivery systems.

IV. EXTERNAL RELATIONS

29. The promotion of the Convention on the Rights of the Child and the World Summit for Children Declaration and Plan of Action dominated external relations activities during the year. In many countries in the region, signing ceremonies related to the Summit provided opportunities to advocate the well-being of children. UNICEF offices in the region invested considerable time working with the media, both for the promotion of the Convention and Summit and to disseminate information on children severely affected by war and other situations of civil unrest. Members of the press received orientations on child issues, were involved in workshops related to children and were provided opportunities to visit project sites.

30. Information concerning children was diffused through symposia (for example, on the girl-child, in Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia) and through a variety of publications. The State of the World's Children 1991 received considerable public attention in several countries as a result of wide news coverage (televised interviews,

press conferences and press releases). The launch of the report in Bahrain, Kuwait, Qatar, Saudi Arabia, Turkey and the United Arab Emirates had great success. The publication in Jordan of Children in the Eye of the Storm was another strong advocacy tool. Some countries published newsletters to reinforce efforts in support of children.